

**SUPPLEMENTAL APPLICATION DATA SHEET****Application Information**

Application Number:: 10/612,263  
Filing Date:: 07/01/2003  
Application Type:: Regular  
Subject Matter:: Utility  
CD-ROM or CD-R?: None  
Title:: Line Drivers That Use Minimal Metal Layers  
~~Attorney Docket Number::~~ ~~UNTYP017~~  
Attorney Docket Number:: P017.03.ABC  
Request for Early Publication?: NO  
Request for Non-Publication?: NO  
Total Drawing Sheets:: 24  
Small Entity?: YES  
Petition Included?: NO  
Secrecy Order in Parent Appl.?: NO

**Applicant Information**

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: DARRELL  
Middle Name::  
Family Name:: RINERSON  
Name Suffix::  
City of Residence:: CUPERTINO  
State or Providence of Residence:: CA  
Country of Residence:: US  
Street of Mailing address:: 10423 HENEY CREEK PLACE  
City of mailing address:: CUPERTINO  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95014

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: CHRISTOPHE  
Middle Name::  
Family Name:: CHEVALLIER  
Name Suffix::  
City of Residence:: PALO ALTO  
State or Providence of Residence:: CA  
Country of Residence:: US  
Street of Mailing address:: 168 TENNYSON AVE.  
City of mailing address:: PALO ALTO  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94301

~~Applicant Authority Type:: INVENTOR~~  
~~Primary Citizenship Country:: US~~  
~~Status:: FULL CAPACITY~~  
~~Given Name:: STEVE~~  
~~Middle Name:: KUO-REN~~  
~~Family Name:: HSIA~~  
~~Name Suffix::~~  
~~City of Residence:: SAN JOSE~~  
~~State or Providence of Residence:: CA~~  
~~Country of Residence:: US~~  
~~Street of Mailing address:: 6562 BROADACRE DR.~~  
~~City of mailing address:: SAN JOSE~~  
~~State or Province of mailing address:: CA~~  
~~Country of mailing address:: US~~  
~~Postal or Zip Code of mailing address:: 95120~~

**Applicant Authority Type::** INVENTOR  
**Primary Citizenship Country::** US  
**Status::** FULL CAPACITY  
**Given Name::** WAYNE  
**Middle Name::**  
**Family Name::** KINNEY  
**Name Suffix::**  
**City of Residence::** EMMETT  
**State or Providence of Residence::** ID  
**Country of Residence::** US  
**Street of Mailing address::** 7506 UPPER AVE.  
**City of mailing address::** EMMETT  
**State or Province of mailing address::** ID  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 83617

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: STEVEN  
Middle Name:: W.  
Family Name:: LONGCOR  
Name Suffix::  
City of Residence:: MOUNTAIN VIEW  
State or Providence of Residence:: CA  
Country of Residence:: US  
Street of Mailing address:: 2711 LEVIN CT.  
City of mailing address:: MOUNTAIN VIEW  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94040

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: EMOND  
Middle Name::  
Family Name:: WARD  
Name Suffix::  
City of Residence:: MONTE SERENO  
State or Providence of Residence:: CA  
Country of Residence:: US  
Street of Mailing address:: 17324 EATON LANE  
City of mailing address:: MONTE SERENO  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95030

**Correspondence Information**

Correspondence Customer Number :: 42958  
Phone number:: 408-737-7200 x 114  
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**Representative Information**

Representative Customer Number:: 42958

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/400,849	08/02/02
This Application	An application claiming the benefit under 35 USC 119(e)	60/422,922	10/31/02
This Application	An application claiming the benefit under 35 USC 119(e)	60/424,083	11/05/02

**Assignee Information**

Assignee name:: UNITY SEMICONDUCTOR CORPORATION  
Street of Mailing address:: 250 NORTH WOLFE ROAD  
City of mailing address:: SUNNYVALE  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94085-4510